

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2789AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/13/2011
NAME OF PROVIDER OR SUPPLIER DAWN GARDEN HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9190 DAWN GARDEN AVE LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/13/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds which provide care to persons with Alzheimer's disease and/or persons with mental illnesses, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure 1 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2 - failed to have evidence of a second step TB test). This was a repeat deficiency from the 2/25/10 State Licensure survey. Severity: 2 Scope: 1	Y 103			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure 2 of 5 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1 - failed to have evidence of a signed criminal history statement, fingerprints and a state and FBI background check, and #4 - failed to have a copy of the fingerprints in the file). This was a repeat deficiency from the 2/25/10 State Licensure survey. Severity: 2 Scope: 2	Y 105			

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Y 300	Continued From page 2	Y 300			
Y 300 SS=F	<p>449.218(1) Bedrooms - Size Requirements</p> <p>NAC 449.218</p> <p>1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of space.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 1/13/11, the facility failed to ensure 4 of 6 residents did not share a bedroom with more than two other residents (Resident #1, #4, #5 and #6 shared the master bedroom).</p> <p>Severity: 2 Scope: 3</p>	Y 300			
Y 859 SS=D	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p>	Y 859			

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Y 920 Y 920 SS=F	Continued From page 4 449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 1/13/11, the facility failed to ensure medications belonging to 7 of 7 residents were kept in a locked area (Resident #1, #2, #3, #4, #5 and #6 - medications were kept in a cabinet with locks, but was not locked; Resident #7 - medications were kept in a kitchen drawer without a lock). Severity: 2 Scope: 3	Y 920 Y 920			

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Y 936	Continued From page 5	Y 936			
Y 936 SS=E	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 - failed to have evidence of a second step TB test, and #4 - failed to have evidence of a two-step TB test).</p> <p>This was a repeat deficiency from the 2/25/20 State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y 936			
Y1035 SS=D	<p>449.2768(1)(a)(1) Dementia Training</p> <p>449.2768</p> <p>1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that:</p> <p>(a) Each employee of the facility who has direct contact with and provides care to residents</p>	Y1035			

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Y1035	<p>Continued From page 6</p> <p>with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes:</p> <p>(1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/13/11, the facility failed to ensure that a minimum of 2 hours of training related to the care of persons with dementia was received within the first 40 hours of work by 1 of 5 employees (Employee #4).</p> <p>Severity: 2 Scope: 1</p>	Y1035			

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